

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

04

2014

in the State of

DC

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Robin Hillier

Signature of Treasurer

Ms. Robin Hillier

[Electronically Filed]

Date

10

22

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">433429.72</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">151143.25</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">23365.04</span>	<span style="border: 1px solid black; padding: 2px;">552540.52</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">174508.29</span>	<span style="border: 1px solid black; padding: 2px;">985970.24</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">17960.41</span>	<span style="border: 1px solid black; padding: 2px;">829422.36</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">156547.88</span>	<span style="border: 1px solid black; padding: 2px;">156547.88</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

22282.03

501395.91

(ii) Unitemized .....

1083.01

23817.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

23365.04

525213.52

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

23365.04

530213.52

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

21327.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1000.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

23365.04

552540.52

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

23365.04

552540.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	460.41	11389.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	460.41	11389.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	793500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	9533.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	9533.33
29. Other Disbursements .....	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17960.41	829422.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17960.41	829422.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23365.04	530213.52
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	9533.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22365.04	520680.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	460.41	11389.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	460.41	11389.03

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Vernon Baker**

Mailing Address 120 Dogwood Lane

City State Zip Code  
 Orange VA 22960-1058

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Dogwood Village of Orange County

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2014

Transaction ID : C2851364

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Patricia J. Benesh**

Mailing Address 916 Tyler Drive

City State Zip Code  
 Williamsburg VA 23185

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Golden Living

Occupation  
 Safety & Loss Control Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

Transaction ID : C2838424

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Lyn C. Bentley**

Mailing Address 2212 Hidden Valley Ln

City State Zip Code  
 Silver Spring MD 20904-5240

FEC ID number of contributing federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Senior Director, Regulatory Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.22

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

Transaction ID : C2838426

Amount of Each Receipt this Period

41.66

\* Payroll Deduction: \$41.66 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Heath Boddy**

Mailing Address 2201 N 98th Street

City

Lincoln

State

NE

Zip Code

68505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nebraska Health Care Association

Occupation

State Executive

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2014

Transaction ID : C2846386

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. George Colbert**

Mailing Address 777 Eastwind Court

City

Valley Park

State

MO

Zip Code

63088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gardenvue Care Centers

Occupation

Adminsitrator

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

Transaction ID : C2845456

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Peter Corless**

Mailing Address 3308 Overlook Ridge Rd

City

Prospect

State

KY

Zip Code

40059-8577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Regional Multi-Facility Liaison

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

Transaction ID : C2838427

Amount of Each Receipt this Period

20.00

\* Payroll Deduction: \$20.00 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jonathan P Dolan**

Mailing Address 3518 Gettysburg Place

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Care Association of New Jersey

Occupation

Trade Association Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2014

Transaction ID : C2837428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Andy Elliot**

Mailing Address 240 Capitol Street  
Suite 500

City

Charleston

State

WV

Zip Code

25301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMFM, LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 03 / 2014

Transaction ID : C2838557

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Joanne E Erickson**

Mailing Address 911 S Randolph St

City

Arlington

State

VA

Zip Code

22204-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Editor in Chief, Provider Magazine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.68

Date of Receipt

10 / 01 / 2014

Transaction ID : C2838429

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$43.48 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2793.48



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. William J. Griffith

Mailing Address 1421 T Street, NW  
 Apt. #1

City State Zip Code  
 Washington DC 20009

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Manager, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 01 2014

Transaction ID : C2838430

Amount of Each Receipt this Period

20.83

\* Payroll Deduction: \$20.83 Bi-Weekly

Full Name (Last, First, Middle Initial)

B. Jennifer S Hahs

Mailing Address 12423 Flint Street

City State Zip Code  
 Overland Park KS 66213

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 American Health Care Association

Occupation  
 Senior Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 01 2014

Transaction ID : C2838431

Amount of Each Receipt this Period

43.48

\* Payroll Deduction: \$43.48 Bi-Weekly

Full Name (Last, First, Middle Initial)

C. Jeff N Hyatt

Mailing Address 107 Rutheena Lane

City State Zip Code  
 Selah WA 98942

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 Hyatt Family Facilities

Occupation  
 Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 14 2014

Transaction ID : C2851358

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1064.31

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 10 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David A Kylo**

Mailing Address 4621 28th Road South

City  
Arlington

State Zip Code  
VA 22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assisted Living

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1739.20

Date of Receipt

10 / 01 / 2014

Transaction ID : C2838433

Amount of Each Receipt this Period

108.70

\* Payroll Deduction: \$108.70 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Meg LaPorte**

Mailing Address 7708 Meadow Lane

City  
Chevy Chase

State Zip Code  
MD 20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA/NCAL

Occupation  
Senior Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.86

Date of Receipt

10 / 01 / 2014

Transaction ID : C2838434

Amount of Each Receipt this Period

14.58

\* Payroll Deduction: \$14.58 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. Cindy Luxem**

Mailing Address 1100 SW Gage

City  
Topeka

State Zip Code  
KS 66604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas Health Care Association

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

Transaction ID : C2851356

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

623.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Bethany R Martino**

Mailing Address 8559 Window Latch Way

City State Zip Code  
 Columbia MD 21045

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

Transaction ID : C2838435

Amount of Each Receipt this Period

45.45

\* Payroll Deduction: \$45.45 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Deborah Orne**

Mailing Address 2040 Colonial Drive

City State Zip Code  
 Savannah GA 31406

FEC ID number of contributing federal political committee.

C

Name of Employer

Azalealand Nursing Home

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 02 2014

Transaction ID : C2838532

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Julie C Painter**

Mailing Address 5023 Waple Ln

City State Zip Code  
 Alexandria VA 22304-7727

FEC ID number of contributing federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Vice President of Constituency Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.84

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

Transaction ID : C2838437

Amount of Each Receipt this Period

21.74

\* Payroll Deduction: \$21.74 Bi-Weekly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1067.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Christopher Parks**

Mailing Address 1730 Truro Rd

City

Crofton

State

MD

Zip Code

21114-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Director of IT and Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

344.51

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014

Transaction ID : C2838438

Amount of Each Receipt this Period

20.83

\* Payroll Deduction: \$20.83 Bi-Weekly

Full Name (Last, First, Middle Initial)

**B. Richard Parr**

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014

Transaction ID : C2838669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ronald R. Payne**Mailing Address 1518 Legacy Dr  
Ste 110

City

Frisco

State

TX

Zip Code

75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest LTC Management Services, LLC

Occupation

CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2014

Transaction ID : C2838422

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

5270.83

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Scott Pilgrim**

Mailing Address PO Box 990

City

Edmond

State

OK

Zip Code

73083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Diakonos Group LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2014

Transaction ID : C2851360

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Katherine Preede**Mailing Address 1200 S Courthouse Road  
Apt 428

City

Arlington

State

VA

Zip Code

22204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Director, Membership &amp; Business Develo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 01 / 2014

Transaction ID : C2838439

Amount of Each Receipt this Period

20.83

\* Payroll Deduction: \$20.83 Bi-Weekly

Full Name (Last, First, Middle Initial)

**C. John Pritz**

Mailing Address 0S 054 Catlin Square

City

Geneva

State

IL

Zip Code

60134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline Healthcare

Occupation

National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2014

Transaction ID : C2851669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2770.83

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joan Reidy**

Mailing Address 37800 French Creek Road

City State Zip Code  
 Avon OH 44011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avon Oaks Caring Community

Occupation

President/ CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2014

**Transaction ID : C2851349**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jesse Samples**

Mailing Address 451 Truman Rd

City State Zip Code  
 Franklin TN 37064-8322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tennessee Health Care Association

Occupation

State Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2014

**Transaction ID : C2851352**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jennifer S Shimer**

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code  
 Fairfax VA 22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

**Transaction ID : C2838443**

Amount of Each Receipt this Period

45.45

\* Payroll Deduction: \$45.45 Bi-Weekly

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2045.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Philip Sweeney**

Mailing Address 20 Davis Blvd

City

New Orleans

State

LA

Zip Code

70121-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexion Health, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2014

Transaction ID : C2853537

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

22282.03

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 03 2014

Transaction ID : D162431

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 07 2014

Transaction ID : D162432

Amount of Each Disbursement this Period

80.00

Full Name (Last, First, Middle Initial)

**C. BB&T Merchant Services**

Mailing Address PO Box 200

City State Zip Code  
Wilson NC 27894-0200
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 15 2014

Transaction ID : D162433

Amount of Each Disbursement this Period

378.81

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

460.41

460.41



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CAIN FOR CONGRESS**

Mailing Address PO Box 5258

City	State	Zip Code
Augusta	ME	04332

Purpose of Disbursement  
Contribution

Candidate Name

**Emily Ann Cain**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : D162104**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. LONE STAR LEADERSHIP PAC**Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City	State	Zip Code
Bethesda	MD	20814

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : D161736**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. PAT MURPHY FOR IOWA**

Mailing Address P.O. BOX 692

City	State	Zip Code
DUBUQUE	IA	52004

Purpose of Disbursement  
Contribution

Candidate Name

**Patrick J. Murphy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : D162102**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CHARLIE DENT FOR CONGRESS**

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Charlie Dent**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : D162099**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. DENNY HECK FOR CONGRESS**

Mailing Address PO BOX 235

City	State	Zip Code
OLYMPIA	WA	98507

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Denny Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : D162101**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Frank Pallone Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : D161733**

Amount of Each Disbursement this Period

3000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FITZPATRICK FOR CONGRESS**

Mailing Address PO Box 185

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Michael G. Fitzpatrick**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : D162098**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET

City	State	Zip Code
INDIANAPOLIS	IN	46260

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Susan W. Brooks**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : D162100**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. POE FOR CONGRESS**

Mailing Address P.O. BOX 14222

City	State	Zip Code
HUMBLE	TX	77347

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ted Poe**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : D162097**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
---------

--



	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Health Care Association Political Action Committee

**A. Mr. William J. Pascocello**

Mailing Address 29 Sunnyside Way

City	State	Zip Code
New Rochelle	NY	10804

Purpose of Disbursement
Refund of 9/13/2014 Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : D162429

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

The figure consists of two schematic diagrams. The top diagram is a top-down view of a rectangular arena with a central platform. The bottom diagram is a bottom-up view of the platform, showing a central circular area and four rectangular blocks labeled 1, 2, 3, and 4.

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

1000.00